

07/31/03
698 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	03500.017453
First Named Inventor or Application Identifier	
SATOSHI KOJIMA	
Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)2. Applicant claims small entity status.
See 37 CFR 1.27.3. Specification Total Pages 2104. Drawing(s) (35 USC 113) Total Sheets 95. Oath or Declaration Total Pages _____a. Newly executed (original or copy)b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)i. **DELETION OF INVENTOR(S)**
Signed Statement attached deleting
Inventor(s) named in the prior application, see
37 CFR 1.63(d)(2) and 1.33(b).6. Application Data Sheet. See 37 CFR 1.76
ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); orii. paperc. Statements verifying identity of above copies22151 U.S. PTO
10/630772
07/31/03**ACCOMPANYING APPLICATION PARTS**

- | | | |
|---|--|--|
| 9. <input type="checkbox"/> | Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> | 37 CFR 3.73(b) Statement
(when there is an assignee) | <input type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> | English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> | Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 15. <input type="checkbox"/> | Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 16. <input type="checkbox"/> | Other: _____ | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____
Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
NAME _____		
Address _____		
City _____	State _____	Zip Code _____
Country _____	Telephone _____	Fax _____

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	35-20 =	15	X \$ 18.00 =	\$ 270.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
				Total of above Calculations =	\$ 1,020.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$ 1,020.00

19. Small entity status

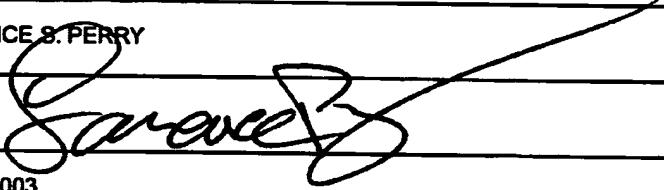
- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

20. A check in the amount of \$ 1,020.00 to cover the filing fee is enclosed.

21. A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	LAWRENCE S. PERRY
SIGNATURE	
DATE	July 30, 2003